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SYNDROMES OF DEPRESSION IN ADOLESCENT AGE***Zsuzsa Pauwlik¹, Ferenc Margitics²****¹PhD student and assistant professor, ²PhD and associate professor, Department of Psychology, College of Nyíregyháza, 31/b. Sóstói Street, Nyíregyháza, Hungary*

Abstract: *Objective: The aim of our research was to reveal the rate of occurrence of the symptoms of depression among the adolescent, and the interrelation between each symptom of depression and the sex. Methods: 423 adolescents were involved in the survey, students of secondary schools and secondary grammar schools. (235 girls and 188 boys). For measuring the rate of depression the abridged version of Beck's Depression Inventory (including 13 items) was applied. Results: We found a considerably high rate of occurrence of depressive syndromes among adolescents; and an especially high rate of occurrence of such syndromes was revealed among adolescent girls.*

Key words: *adolescent, depression, depressive syndrome*

1.INTRODUCTION

The occurrence of depression between the age of 11 and 15 indicates an increasing tendency (Rudolph and Hammen, 1999). The frequency of occurrence regarding the depressive episode emerging by the age of 18 is 15 to 20%, while in the case of dysthymia the same falls between 1.6 and 8% (Rózsa, 2001).

The significant changes, happening on biological and psycho-social level, the transforming structure of social relationships and the consequent multiplication of conflicts, which are observable in the case of adolescents, sub-serve the development of depressive symptoms in adolescent age (Pikó and Fitzpatrick, 2001).

According to relevant researches the rate of occurrence concerning the depressive symptoms is higher in the case of adolescents coming from families at lower social levels, owing to the fact that they are exposed to higher stress. (Aszmann, 2001). As a consequence of difficult financial status and material problems of the family the depressive syndromes in the adolescents become more frequent. (Lempers and Clark-Lempers, 1999). Family conflicts, poor relationship with the parents or conflicts between the parents, the lack of trust and the mistreatment or abuse by the parents also may lead to the evolution of depressive symptoms in adolescent age. (Formoso et al., 2000)

Several risk factors may influence the early development of depression. According to the summary made by Rózsa (2001) these are the following: biological factors (growth hormone, serotonin), family and genetic features (psychic problems of the parents), demographic aspects (gender, age, socio-economic status), psycho-social factors (stress laden situations in life, low social support, improper social care), psycho-dynamic factors, cognitive style (negative attributions, maladaptive coping strategies), negative life events.

According to Greenberger et al. (2000) poor performance at school, the conflict laden relationship with the environment at school and the disorders in behaviour shall also be considered as essential risk factors regarding the development of the depressive syndromes in adolescent age.

Examining the late adolescent age, during his researches Margitics (2005 a.) found the occurrence rate of the depressive syndromes 43.3%. Several researches have revealed that the generic differences with respect to the occurrence of depression appear already in adolescent age. Margitics (2005 a.) determined for late adolescent specimens that the occurrence rate of depression regarding females was 48.4%, while the same in the case of males was 32.7%.

Examining the frequent recurrence of depressive syndromes Margitics (2005 a.) observed that – considering the occurrence of both the moderate and medium-rate seriousness – from among the different symptoms of depression principally the feeling of worthlessness was typical among the college students (59.6%). Over half of the students complained also about exhaustion (56%) and dissatisfaction (55.1%). These symptoms were followed in the list by the feeling of incapacity for work (48%), hopelessness (46.6%) and hesitancy (42.9%). From among the symptoms the least typical features were suicide tendencies (15.6%) and disinterest (19%).

2.SAMPLE AND METHODS

We collected the data among students of secondary grammar schools and vocational secondary schools, in the towns of Szabolcs-Szatmár-Bereg County. 476 adolescents were involved in the survey, and 423 adolescents among them submitted assessable questionnaires. (235 girls and 188 boys). The average age was 16.17 (standard deviation 1.37; minimum 14, maximum 19, median value: 16).

The following methods were applied during the study: Examination of the actual depressive syndromes: The abridged, screening version of Beck's Depression Inventory, with 13 items (Beck and Beck, 1972; Margitics, 2005. b). According to the studies the results of the abridged

test correlated with the original test in a rate of 0.93. (Rózsa et al., 2001.). The results obtained with the abridged test can be converted with high certainty to the scores of the complete questionnaire by way of the following formula :total score of the abridged test /13 X 21. The threshold values of the scores obtained with the test are the following: 0-5 no depression, 6-11 moderate depression, 12-15 medium-rate seriousness of depression, over 15 serious depression.

The Hungarian version - adapted by Csorba et al. – of the Inventory of Life Events for Secondary School Students developed by Cohen et al. (Csorba et al. 1994).

2.1. Statistical Analysis

The data processing was performed with the usage of the SPSS for Windows 12.0 statistical program package. Besides descriptive statistics, we applied paired-samples T test for the comparative statistical analysis. The examination of the background factors was examined by means of factor analysis (main component factor analysis, varimax rotation procedure).

3. RESULTS

3.1. Descriptive Statistics

The descriptive statistics of the results obtained with Beck's Depression Inventory, correlated to the aggregate of the samples (n=423), and to the genders (235 girls, 188 boys) gave the following outcome:

- aggregate of samples: M=5,9; SD=4,6; Min.=0; Max.=26.
- girls: M=7,1; SD=4,9; Min.=0; Max.=26.
- boys: M=4,5; SD=3,6; Min.=0; Max.=22.

While the results of the descriptive statistics suggest the homogeneity of the group of boys, in the case of the group of girls the results indicated higher rate of variation and greater deviations.

According to the outcome of the comparative statistical study (paired-samples T test) the deviation between the boys and girls is significant ($t=5.799$, $p<0.000$). It seems that the gender differences revealed by the researches made among adults hitherto, are also present in the case of adolescents.

3.2.Occurrence of Depressive Syndromes

In the case of 235 persons the depressive syndromes were not found typical (104 girls, 131 boys). Moderate rate of depression was detected in the case of 151 persons (100 girls, 51 boys), medium-rate seriousness of depression was indicated in the case of 21 persons (17 girls, 4 boys), and serious depression was found in the case of 16 persons (14 girls, 2 boys).

3.3.Occurrence of each depressive syndrome

It is obvious that in the event of taking into consideration all the forms of depression, namely, the moderate, the middle rate and the serious depression alike, for most of the adolescents the feeling of worthlessness (59.5%) and the feeling of dissatisfaction (57.2%) were typical compared to other syndromes of depression. Hesitancy was complained about by more than half of the students (50.9%) involved in the survey. This syndrome was followed by the feeling of exhaustion (48%), self-punishment (43%) and hopelessness (41.6%). From among the symptoms of depression social reserving (15.1%) and suicide tendencies (18.8%) were the least typical characteristics of the students.

We also analysed whether there exist differences between the genders regarding single symptoms of depression.

In accordance with the outcome of the comparative statistical analyses (paired-samples T test) we found significant differences between girls and boys regarding single depressive syndrome.

Considering the aggregate of the sample nearly every depressive syndrome was more typical to girls. Only in terms of self-punishment, social reserving and the incapacity for work we found no significant differences between the two genders.

4.CONCLUSION

The purpose and objectives of our research work were to reveal the frequency of occurrence of depressive symptoms among adolescents, as well as to discover the interrelationships between each depressive syndrome and the genders, and age groups, and to present the structuring of each depressive syndrome typical to the genders.

We found the frequency of occurrence of the depressive syndromes extremely high among adolescents, nevertheless it was only slightly higher (1.1%) than found by Margitics (2005. a) among students in the late adolescent age.

Examining the occurrence of the depressive syndromes as per genders we found extremely high rates of occurrence among adolescent girls primarily. Nearly half of the adolescent girls (42.5%) suffered from the moderate forms of the depressive symptoms (dissatisfaction, worthlessness and exhaustion) and only less than half of them (44.4%) did not complain about any depressive syndromes.

The proportion of occurrence of medium-rate serious forms (7.2%) and serious forms (5.2%) of depressive symptoms was extremely high among the girls suffering in depression, which was associated principally with the symptoms of body image disorder and hesitancy. In the case of medium-rate and serious depression this was 4.7% higher, that the same measured by Margitics (2005. a) in late adolescent age.

In the case of adolescent boys the frequency of occurrence of depressive syndromes was much lower, 15.9% less boys than girls suffered from the moderate forms of depressive syndromes, and 9.9% less boys than girls suffered from medium-rate serious and serious forms of depressive syndromes. Gore (1993) et al. reasoned the more frequent occurrence of depressive syndromes among adolescent girls on the one hand with the different changes of genital hormones in adolescent age and on the other hand they explained such differences with the fact that the girls are in general more sensitive to family-problem related conflicts than boys are.

Such figures suggest that mental hygiene care would be necessary to be provided for the mentioned age groups, and more rather in the case of adolescent girls for the purpose of prevention.

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